

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

ETHYPHARM S.A. FRANCE,)	
)	
Plaintiff,)	Civil Action No. 08-126
)	
v.)	
)	
ABBOTT LABORATORIES,)	
)	
Defendant.)	
)	
)	

AFFIDAVIT OF MAILING

STATE OF DELAWARE :
: SS.

NEW CASTLE COUNTY :

BE IT REMEMBERED that, on this 19th day of March, 2008, personally appeared before me, the Subscriber, a Notary Public for the State and County aforesaid, GREGORY B. WILLIAMS, ESQUIRE, and who, after being duly sworn by me, according to law, did depose and state:

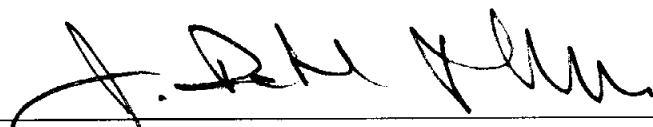
1. He is co-counsel for Plaintiff Ethypharm S.A. France ("Ethypharm") in the above-captioned action and makes this Affidavit for purposes of the aforesaid action;
2. On March 7, 2008, he caused the notice required by 10 Del. C. § 3104(d) to be sent by registered mail, return receipt requested, to Defendant Abbott Laboratories, 100 Abbott Park Road, Abbott Park, Illinois 60064, via both its registered agent and General Counsel's Office.

3. On March 18, 2008, he received back the executed registered mail return receipts from the notice packages mailed to Abbott Laboratories on March 7, 2008 and received by Abbott Laboratories on March 13, 2008, copies of which are attached hereto as Exhibits A and B.



Gregory B. Williams, Esq. (I.D. No. 4195)
Citizens Bank Center
919 North Market Street, Suite 1300
Wilmington, DE 19801
Tel: (302) 622-4211
Fax: (302) 656-8920
Email: gwilliams@foxrothschild.com

SWORN TO AND SUBSCRIBED
Before me on the aforesaid date



Notary Public
Commission Expires: N/A

J. Breck Smith, Esquire
Delaware admitted attorney

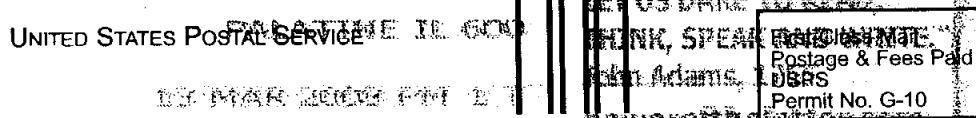
Exhibit A

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>C. Hamlet</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>CHAmel</i> C. Date of Delivery <i>3-3-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Abbott Laboratories Attn: Laura J. Schumacher, Registered Agent 100 Abbott Park Road Abbott Park, IL 60064</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) RA 122 385 889 US</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



• Sender: Please print your name, address, and ZIP+4 in this box •

Gregory B. Williams, Esquire
Fox Rothschild LLP
919 N. Market Street, Suite 1300
P. O. Box 2323
Wilmington, DE 19899-2323

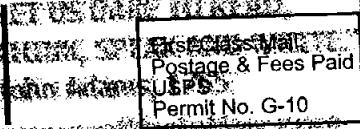
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Exhibit B

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>C. Hamlet</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>CHAMLET</i></p> <p>C. Date of Delivery <i>3-13-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>Abbott Laboratories Attn: General Counsel's Office 100 Abbott Park Road Abbott Park, IL 60064</p>		<p>2. Article Number (Transfer from service label) RA 122 385 892 US</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

UNITED STATES POSTAL SERVICE TIME INC.



• Sender: Please print your name, address, and ZIP+4 in this box •

Gregory B. Williams, Esquire
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